

DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS

FILED SEP 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29894

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1883

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **8423 Alaska**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Joseph Francis**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **491-16-5283**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mamie Francis** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 3, 1876**
(Month) (Day) (Year)

8. AGE: Years **70** Months **9** Days **29** If less than one day
hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Lumberman**

11. Industry or business
12. Name **Joseph Francis**
13. Birthplace **France**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Bauman**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mamie Francis**
(b) Address **8423 Alaska, Lemay, Missouri**
17. (a) **Burial** (b) Date thereof **9-5-47**
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
(c) Place: burial or cremation **Parklawn Cemetery**

18. (a) Signature of funeral director **Southern Funeral Home**
(b) Address **6322 S. Grand Blvd**
19. (a) **9-4-47** (b) *Charles H. Hays*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Lemay** (If outside city or town limits, write "RURAL")
(d) Street No. **8423 Alaska** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **2nd**
year **1947** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Cause unknown

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Where at work? _____ (Specify type of place)
23. *Charles H. Hays* (M. D. XXXXX)
Address **Commissioner of Health** Date signed **9-3-47**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. Wm Dinkley

Licensed Embalmer No.

3653

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.